NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: North/Northeast Texas HMAZ/LMAZ Area: Rural North BDTP: F/MS Men SUBPOPULATION: African American/Black (1,12)

	# of surveys completed: 20	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	 47% reported more than one sex partner in the past year; 21% reported more than 3 partners in the past year. While 71% reported that none of their sex partners in the past year had HIV, 29% reported they didn't know or were unsure. 11% reported at least one of their sex partners in the past year had an STD. 17% say they had been treated at least once for an STD in the past year. Only 17% reported engaging in anal sex. Of those engaging in anal sex, 29% reported never using a condom. Of those engaging in oral sex, 64% percent never use a condom for oral sex. Of those engaging in vaginal sex, 26% never use a condom for vaginal sex. The only location mentioned by this African American F/MS men as to at what location they engage in anal sex was home [10%]¹. The top six things African American F/MS men said they do to keep from getting HIV are (in order): have only one sex partner [50%]¹, don't inject drugs [50%], sometimes use condoms [40%], always use condoms [35%], don't share IDU equipment [35%], don't abuse drugs or alcohol [35%]. The top six things African American F/MS men said they do to keep from getting STDs are (in order): sometimes use condoms [45%]¹, have only one sex partner [45%], don't inject drugs [40%], always use condoms [35%], don't share IDU equipment [30%], don't abuse drugs or alcohol [25%]. 	 A fairly high proportion of the population reported they have engaged in sex with multiple partners. There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use is comparable to that in other populations. While home was indicated as a place where these African American F/MS Men engaged in sex, more data is needed as to other locations where they might engage in risky behaviors.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

^{*}Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

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*Knowledge (9,11)	Among African American F/MS men: 75% indicated that anal sex without a condom might increase a person's chance of getting HIV, 40% for getting STDs other than HIV. 75% and 85% indicated that oral and vaginal sex without a condom, respectively, might increase a person's chance of getting HIV; 45% and 50% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting STDs other than HIV. 80% indicated that sex-trade work might increase a person's chance of getting HIV, 45% for getting STDs other than HIV. 80% indicated that unprotected sex under the influence might increase a person's chance of getting HIV, 55% for getting STDs other than HIV. 90% indicated sex with more than one partner might increase a person's chance of getting HIV, 45% for getting STDs other than HIV. 90% indicated that injecting drugs and sharing works might increase a person's chance of getting HIV, 35% for getting STDs other than HIV. 75% indicated that having sex with men might increase a person's chance of getting HIV, 45% for getting STDs other than HIV. 80% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV, 45% for getting STDs other than HIV. 85% indicated that blood transfusions might increase a person's chance of getting HIV, 30% for getting STDs other than HIV. 85% indicated that pedle sticks might increase a person's chance of getting HIV, 30% for getting STDs other than HIV.	Approximately four-fifths of the population showed good knowledge of HIV transmission routes. This community shows good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	 Overall, African American F/MS men in this population indicated they strongly agreed that a person should tell their partner if they have HIV or an STD whether they use a condom or not. The top four reasons African American F/MS men indicated they had sex without a condom are (in order): trust in partner [50%]¹, don't like condoms [10%], drunk or high [10%], married [10%]. 86% indicated they were not likely to get HIV, and 87% indicated they were not likely to get an STD. 	 Most respondents in the survey indicated a strong motivation to discuss HIV and STD risks if they are infected. Primary barrier to condom use was trust in partner. Considering the low morbidity rates in this community, the personal perception of risk is what would be expected.
*Current communication skills	 50% of the African American F/MS men who responded indicated they have talked about getting HIV with at least some of their partners. 56% of the African American F/MS men who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	While most of the African American F/MS men indicated they should discuss with their partners if they had an STD or HIV, only about a half of this population has discussed the possibility of this risk with their partners.
*Social/peer support (17)	When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of African American F/MS men indicated they would tell: • Their family; 33% for HIV, none for an STD. • Their current partner(s); 28% for HIV, none for an STD. • Their past partner(s); 36% for HIV, none for an STD. • Their friends; 44% for HIV, none for an STD.	A large majority of the population reported they would be uncomfortable telling family, friends and partners if they contracted HIV. They were even less likely to talk about an STD infection.
Testing history/need for testing (18-23)	 68% of survey respondents indicated they have tested for HIV in the past year. Of those who were tested, they tested an average of 1.4 times a year. The top two reasons African American F/MS men indicated they tested were (in order): part of routine health care [25%]¹, sex without a condom [10%]. Reasons given for not testing included thinking they were not at risk for HIV, no benefit to testing, fear of needles, afraid someone will find out, afraid it would cost too much to be tested and treated [5%]¹. 6% of the respondents indicated they have tested positive for HIV. 	 Testing proportions in this population are good, both in terms of the proportion tested, and the frequency of test, especially with the majority of the population having one or less partners in that time period. A fair proportion of respondents indicated a preventive behavior, part of routine care. Other reasons were due to potential failures of prevention activities.

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	 44% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.4 times per year. 57% of African American F/MS men who have tested for an STD in the past year indicated they have tested positive for an STD. 17% of respondents indicated they have been treated at least once for an STD in the past year. The reasons cited for not testing for an STD are (in order): don't think at risk for getting STDs [20%] and the following- don't know where to get tested, scared of needles, and afraid someone will find out [5%]. 20% of respondents indicated they have tested for Hepatitis A in the past year, 30% for Hepatitis C, 35% for Hepatitis B, and 45% tested for Tuberculosis. 	 Few respondents indicated barriers to access to testing, but confidentiality, fear and hopelessness are mentioned. A fairly high proportion of the respondents indicated they felt the need to be tested for an STD in the past year. Between a quarter and half of this sub-population indicate they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	 The top three locations African American F/MS men go to for an HIV test are (in order): doctor's office [25%]¹, other public clinic [15%], hospitals [10%]. The top two locations African American F/MS men go for an STD examination are (in order): doctor's offices [15%]¹, hospital [10%]. 11% of respondents indicated barriers in their community to seeking prevention services. These include: don't have HIV or STD programs in community, town or community is too small, don't know where to go for programs or services, and lack of transportation [5%]¹. The top five locations where African American F/MS men have gotten HIV information are (in order): health care providers [25%]¹, other health clinics [25%], public health clinics [20%], local HIV/AIDS organizations [20%], treatment centers [15%]. The top four locations where African American F/MS men have gotten information on STDs are (in order): health care providers [25%]¹, other health clinics [25%], public health clinics [20%], local HIV/AIDS organizations [15%]. 	 The primary source for HIV testing and STD diagnosis and treatment are through doctors' offices and hospitals. Lack of needed HIV or STD programs in the community, size of town or community, not knowing where to go for programs or services, and lack of transportation were cited as barriers to access services. In contrast to testing and diagnosis services, prevention information and helpful information was primarily obtained from public and private health care providers and community-based organizations.

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	• The top six locations where African American F/MS men have gotten information on HIV and STDs that has helped them are (in order): treatment centers [25%] ¹ , school [20%], health care providers [20%], public health clinics [20%], community counseling and testing centers [15%], other health clinics [15%].	
Prevention needs (35-39)	 For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): how to have safe sex [55%]¹, basic HIV and STD information [40%], drug abuse counseling and treatment [20%], how to talk to partner about using condoms [15%], how to use condoms [15%]. Primary locations where African American F/MS men indicated they would get information on HIV in the future are (in order): treatment centers [50%]¹, the internet [40%], local HIV/AIDS organizations [40%], other health clinics [40%], health care providers [35%], public health clinics [35%]. Primary locations where African American F/MS men indicated they would get information on STDs in the future are (in order): treatment centers [35%]¹, other health clinics [35%], health care providers [35%], public health clinics [35%], the internet [30%], local HIV/AIDS organizations [30%]. The primary location where African American F/MS men indicated they would NEVER get information on HIV and STDs in the future are (in order): work [35%]¹, bars [35%], bathhouses [30%], the radio [20%]. 	 Interventions on how to have safe sex lead the activities wanted by African American F/MS men, followed by basic HIV and STD information and drug abuse counseling and treatment. The primary locations where African American F/MS men indicated they would go to get HIV and STD information are community-based organizations, public and private health care providers and the internet. The locations where African American F/MS men would never seek HIV or STD prevention messages are work, bars, bathhouses, and the radio.

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Specific Information about HIV ⁺ from HIV ⁺ risk profiles	 Statewide for all HIV positive African American F/MS² men: 56% indicated they never used a condom for anal sex, 29% never used a condom for vaginal sex, and 63% never used a condom for oral sex. Nearly 20% indicated an STD diagnosis in the past year. Over 30% indicated more than 1 sex partner in the past year. Over 2% indicated some sex trade work in the past year. 65% indicated substance use with sex in the past year. 40% indicated their partners were at risk, and a quarter indicated their partners had multiple partners. The top drugs used during sex were: alcohol [49%]¹, marijuana [29%] and cocaine [25%]. In Rural North, all HIV positive F/MS men indicated²: 20% indicated an STD diagnosis in the past year. 20% indicated they had more than 1 partner in the past year. None indicated sex trade in the past year. Two-thirds indicated substance use with sex in the past year. Nearly a quarter indicated their partner was at risk, and over a quarter indicated their partners had multiple partners. The top drugs used during sex were: alcohol [47%]¹, marijuana [27%] and cocaine [20%]. 	 The proportion of African American F/MS men positives reporting never using a condom for anal sex is twice that reported for African American F/MS men by the needs assessment. Condom use for vaginal and oral sex is similar between positives and negative African American F/MS men. The proportion of HIV positives with a recent STD diagnosis is significantly high, particularly considering the high proportion (30%) with multiple sex partners. Between a quarter and 40% of HIV positives indicated their sex partner was at risk. The drugs of choice for HIV positives are alcohol, marijuana and cocaine.
Other		

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